



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

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MONTANA NURSING ASSISTANT – HEADMASTER ACTOR / KNOWLEDGE TEST PROCTOR TRAINING AFFIDAVIT – FORM 1511MT

*****NOTE: THIS FORM MUST BE ACCOMPANIED BY THE CONFIDENTIALITY/NONDISCLOSURE FROM 1501 – INCOMPLETE PAPERWORK WILL BE RETURNED AND RN TESTING PRIVILEGES REVOKED UNTIL ALL PAPERWORK IS SUBMITTED TO HEADMASTER.**

I hereby swear that I, as a certified RN Test Observer testing Nurse Aide Candidates in the State of Montana, have reviewed the Actor training material with the Actor named herein and/or the Knowledge Test Proctor training material with the Knowledge Test Proctor named herein:

RN Observer Name (please print): _____ Phone: (____) _____

RN Observer SS#: _____ - _____ - _____ Email: _____

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I hereby swear that I, as a NA Skill Test Actor or Knowledge Test Proctor (KTP), have reviewed the Actor training material and/or the Knowledge Test Proctor training material with the RN Observer named above, and I understand and will abide by the material presented:

Actor Name (please print): _____ Birth date: ____/____/____

Actor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone: (____) _____

KTP Name (please print): _____ Birth Date: ____/____/____

KTP SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone: (____) _____

(Sign both places if you are certifying as both an Actor **and** a Knowledge Test Proctor.)

I UNDERSTAND THAT AS AN ACTOR OR KNOWLEDGE TEST PROCTOR, THAT I WILL NOT BE ABLE TO SIT FOR THE NA TEST FOR SIX (6) MONTHS FROM THE DATE THAT I LAST WORKED AS AN ACTOR OR KNOWLEDGE TEST PROCTOR.

ACTOR SIGNATURE DATE

KNOWLEDGE TEST PROCTOR SIGNATURE DATE

RN TEST OBSERVER SIGNATURE DATE